

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
NON PUBLICLY TRADED CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: (DBA) KEN'S PHARMACY

Physical Address: 2022 W CHARLESTON BLVD #13

Mailing Address: SAME

City: LAS VEGAS State: NV Zip Code: 89102

Telephone Number: 702 384 3784 Fax Number: 702 384-3796

Toll Free Number: NA

E-mail: kheaton@EMBARQMAIL Website: N/A

Managing Pharmacist: KENNETH E. HEATON RPh License Number: 11495

Hours of Operation:

Monday thru Friday 8:30 am 6:00 pm Saturday 9:00 am 4:00 pm
Sunday Ø am _____ pm 24 Hours Ø

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☒ Long Term Care

Board Use Only

Received: JAN 03 2012 Amount: 500.00 Entity: JE835 1

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: NA
Corporation Name: C & R PHARMACY
Mailing Address: 2022 W CHARLESTON #13
City: LAS VEGAS State: NV Zip: 89102
Telephone: 702 384-3784 Fax: 702 384-3796
License Contact Person: KENNETH HEATON RPh
Professional Compliance Contact Person: KENNETH HEATON

Name and title of each officer and director (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>KENNETH HEATON / PRESIDENT</u>	

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a)	<u>KENNETH E. HEATON</u>	<u>4119 FARMDALE AVE, N. LAS VEGAS NV</u>
	Name	Address
b)		
	Name	Address
c)		
	Name	Address
d)		
	Name	Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? \$10.00
- 4) What date did the corporation actually receive the cash assets? 12/29/11
- 5) Provide a copy of the corporations stock register evidencing the above information

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) LAMS PHARMACY 2202 W CHARLESTON AVE, LAS VEGAS NV
Name Address
PHARMACY
Business

b) WALMART 1807 W CRAIG, N. LAS VEGAS, NV
Name Address
PHARMACY / Retailer
Business

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☒
- 11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

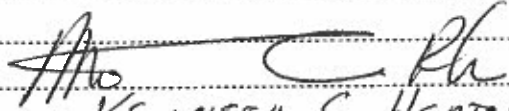
KEH / PRESIDENT 12/24/11
Original Signature of Corporate officer Date

KENNETH E. HENTON RPH PRESIDENT
Print or Type name and title

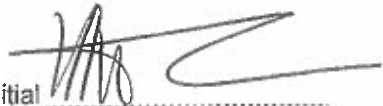
APPLICATION FOR NEVADA PHARMACY LICENSE

QUESTION # 10 (STATEMENT OF EXPLANATION

AS PRESIDENT OF CAR PHARMACY CORP.
I AM NOTIFYING THE BOARD THAT I
~~AM~~ CURRENTLY HAVE A
NOTICE OF INTENDED ACTION & ACCUSATION
CASE No 10-078A-RPH-S
KENNETH E. HEATON RPH CERTIFICATE # 11495


KENNETH E. HEATON RPH

Applicant's initial



STATEMENT OF RESPONSIBILITY
NON PUBLICLY TRADED CORPORATION

I, KENNETH S. HEATON

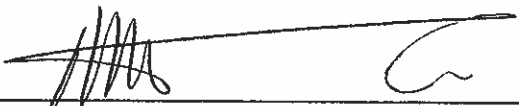
Corporate Officer of CAR CORPORATION/PHARMACY

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the corporation must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Original Signature

12/24/11
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: KENNETH E. HEATON RPh

License #: 11495

Pharmacy Name: CER PHARMACY DBA KEN'S PHARMACY

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NV</u>	Date: <u>01/16/12</u> Case #: <u>10-78A-RPh-3</u>
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: PROCARE PHARMACY
Physical Address: 6870 S. RAINBOW BLVD, STE 106
Mailing Address: 6870 S. RAINBOW BLVD, STE 106
City: LAS VEGAS State: NV Zip Code: 89118
Telephone Number: 702-426-6414 Fax Number: N/A
Toll Free Number: N/A
E-mail: VOTHAI@GMAIL.COM Website: N/A
Managing Pharmacist: THAI VO License Number: 17678

Hours of Operation:

Monday thru Friday 8:00am 8:00pm Saturday 8:00am 6:00pm
Sunday 10:00am 6:00pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
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- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 03 2012 Amount: 500.00 Entity: 58833 1

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: LLC IN NEVADA

Parent Company if any: _____

Corporation Name: PROCARE PHARMACY

Mailing Address: 6870 S. RAINBOW BLVD, STE 106

City: LAS VEGAS State: NV Zip: 89118

Telephone: 702-426-6414 Fax: N/A

License Contact Person: CHARLES THAI VO

Professional Compliance Contact Person: CHARLES THAI VO

Name and title of each officer and director (Use separate sheet if necessary)

Officer or director name

Officer or director title

CHARLES THAI VO

OWNER

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporations stock register evidencing the above information

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business
b) _____
Name Address

Business
c) _____
Name Address

Business
d) _____
Name Address

Business

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business
b) _____
Name Address

Business

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
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- 12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Charles Vo
Original Signature of Corporate officer

12-9-2011
Date

CHARLES THAI VO, OWNER
Print or Type name and title

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**STIPULATION AND
AGREEMENT**

v.

THAI VO, RPH

Certificate of Registration #17678

Case No. 11-003-RPH-S

CVS/PHARMACY #8807,

Certificate of Registration #PH01406,

Case No. 11-003-PH-S

Respondents.

_____/

Carolyn J. Cramer, General Counsel for the Nevada State Board of Pharmacy,
and Michael W. Dyer, of Dyer, Lawrence, Penrose, Flaherty, Donaldson & Prunty,
stipulate and agree as follows:

1. The Respondents admit the factual allegations made in the First and Second Causes of Action. The admissions made in this matter may not be used in any other proceeding or matter.
2. Mr. Vo accepts full responsibility for the error and understands that although the pharmaceutical technician may have staged the prescription for him, it is his responsibility to verify that the correct medication is being dispensed and counseled for the correct patient. Mr. Vo has re-committed himself to verifying that the correct medication is being dispensed and counseled for the correct patient in order to make sure that a similar error will never happen, and in doing so, will ask the first and last name of the person for whom the person is being dispensed, plus at least one additional piece of information, such as the date of birth or the address, to confirm that the correct medication is being dispensed and counseled for the correct patient.
3. CVS understands that it is responsible for its employees and will reaffirm CVS's requirement that its pharmacists the need to ascertain that the medication being dispensed is in fact the medication which is supposed to be dispensed to the patient by

asking the first and last name, plus at least one additional piece of information, such as the date of birth or the address, which the pharmacist deems appropriate, before counseling the medication and dispensing it to the patient. CVS will re-emphasize this requirement by an all pharmacy personnel email notice, which requires that all pharmacy personnel "read and initial" the email.

4. The parties shall present this Stipulation and Agreement to the Board at its meeting on April 13, 2011. The parties agree that the Board may ask questions of the parties counsel, may discuss and deliberate, regarding the presentations.

5. Board Staff and the Respondents will recommend that the Board impose discipline on Thai Vo for the First Cause of Action in the amount of \$750.00 to be paid by CVS by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board office within 90 days after the acceptance of this stipulation.

6. Board Staff will recommend for the penalty in the Second Cause of Action, and CVS agrees to accept, that the Board require CVS to pay a fine of \$750.00 to be paid by CVS by cashier's check or money order made payable to "State of Nevada, Office of the Treasurer" and to re-emphasize with its pharmacy staff the concerns outlined in section three of this stipulation and provide proof to Board Staff that this has been done.

7. Based on CVS's acceptance of the penalty on the Second Cause of Action, Board Staff withdraws the Third Cause of Action.

8. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board and that the Board would hear this matter at its meeting on July 13, 2011. The terms and admissions in this stipulation may not be used or referred to in the full hearing on the merits of this matter.

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9. The Board and the Respondents shall each agree to release the other from any and all claims, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

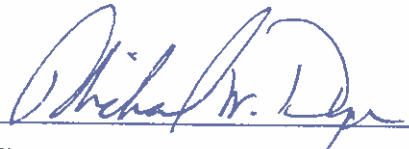
Signed this 13th day of April, 2011.

OFFICE OF THE GENERAL COUNSEL


Nevada State Board of Pharmacy



Carolyn J. Cramer, General Counsel



Michael W. Dyer, Esq.



Thai Vo, R.Ph.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 13th day of April, 2011.

4/13/2011
DATED

Beth Foster, RPh
Beth Foster, President
Nevada State Board of Pharmacy

STATEMENT OF RESPONSIBILITY
NON PUBLICLY TRADED CORPORATION

I, CHARLES THAI VO

Corporate Officer of PROCARE PHARMACY

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the corporation must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Charles Vo
Original Signature

12-9-2011
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: CHARLES THAI VO

License #: 17678

Pharmacy Name: PROCARE PHARMACY

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Yes No

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? ☐ ☒

1. been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ ☒

2. been the subject of an administrative action whether completed or pending in any state? ☐ ☒

3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☒ ☐

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: NV Date: 4/13/11 Case #: 11-003-RPH-

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County: _____ Court: _____